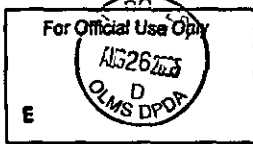


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13260</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Jacob</u> <u>B.</u> <u>Steinberg</u> P.O. Box Bldg Room No. if any _____ Street <u>4739 Susan Road</u> City <u>Philadelphia</u> State <u>PA</u> ZIP Code + 4 <u>19115</u>	4 Name, file number, and address of labor organization Name <u>Pennsylvania Federation of Teachers</u> Labor Organization File Number <u>530-716</u> P.O. Box Building and Room Number if any _____ Street <u>1816 Chestnut Street</u> City <u>Philadelphia</u> State <u>PA</u> ZIP Code + 4 <u>19103</u>
5 Position in labor organization <u>Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any: _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification: The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Jacob B. Steinberg</u>	On <u>8/16/15</u> Date	<u>215-587-6738</u> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Willig, Williams + Davidson

Trade Name if any

P O Box Bldg Room No if any

Street 1845 Walnut StreetCity PhiladelphiaState PA ZIP Code + 4 19103

## 9 Business deals with

- ☒ a Labor Organization  
☐ b Trust  
☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

ATTORNEYS

## 11 b Approximate dollar value of such dealing

\$22,000.00

## 12 a Nature of interest held or income received

4 Baseball tickets \$160.00  
 Wine 45.00

## 12 b Amount.

\$205.00

C Received from any employer (other than an employer covered under parts A and B above)  
 or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name AMALGAMATED BANK OF NY City

Trade Name if any

P O Box Bldg Room No if any

Street 15 Union SquareCity New YorkState NY ZIP Code + 4 10003

## 14 a Nature of payment

WINE \$54.00

## 14 b Amount of payment.

\$54.00

13 b Is the Business an Employer ☒or Consultant ☐ ?

Name of Person Filing

JACOB B STEINBERG

File Number U-

6B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Heffler, Radetich + Saitta, LLPTrade Name if any P O Box, Bldg., Room No if any Street 1515 MARKET STREET, Suite 800City PhiladelphiaState PA ZIP Code + 4 19102

## 9 Business deals with

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10 If 9.b or 9.c. is checked give trust or employer's name

Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 

## 11.a Nature of such dealing

Accountants

## 11.b Approximate dollar value of such dealing

\$13,000.00

## 12.a. Nature of interest held or income received

Baseball Tickets

## 12.b Amount.

\$150.00

## C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13.a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name Trade Name if any P O Box, Bldg Room No if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

## 14.b Amount of payment.

13.b Is the Business an Employer ☐ or Consultant ☐ ?

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Smith, Edwards + Dunlap CoTrade Name if any: P O Box Bldg Room No if any Street 2867 E. Allegheny AvenueCity PhiladelphiaState PAZIP Code + 4 19134

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 

## 11 a Nature of such dealing

Printers

## 11 b Approximate dollar value of such dealing

\$33,000.00

## 12 a Nature of interest held or income received

Fruit Basket - \$150.00

## 12.b Amount.

\$150.00

## C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any: P O Box Bldg Room No if any Street City State  ZIP Code + 4 

## 14 a Nature of payment

## 14 b Amount of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?